92115883

Taiwan

DECLARATION FOR UTILITY OR

PTO/SB/01 (12-97)

UPS-014

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Attorney Docket Number

DE	SIGN	First Named inv	entor	Demi-nam	CHIAV			
	PPLICATION	CC	COMPLETE IF KNOWN					
(37 C	Application Num	Application Number						
R Declaration		Filing Date						
Submitted OR	☐ Declaration Submitted after Initi	al Group Art Unit						
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Examiner Name					
As a below named inve	entor, I hereby declare that:							
My residence, post office	address, and citizenship are a	as stated below next to my	name.					
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	il, first and sole inventor (if only of the subject matter which is o							
	icrowave-assiste							
	cic protein arra	_	y labite	acion and				
Tull automat	ic protein arra	y System						
the specification of whi	ch (Title	of the Invention)						
is attached heret	0							
OR								
was filed on (MM/		as United	d States Applica	ition Number or P	CT International			
Application Number	and wa	s amended on (MM/DD/Y)	m		(if applicable).			
I hereby state that I have	reviewed and understand the o	ontents of the above ident	ified specification	on, including the cl	aims, as			
amended by any amenda	nent specifically referred to abo	ve.						
I acknowledge the duty to	disclose information which is r	naterial to patentability as	defined in 37 Cf	FR 1.56.				
			27.					
certificate, or 365(a) of an America, listed below and I	ority benefits under 35 U.S.C. by PCT international application have also identified below, by co application having a filing date	n which designated at leas hecking the box, any foreign	st one country	other than the Up	nited States of			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	py Attached? NO			

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

06/11/2003

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Thomas Schneck Mark Protsik John P. McGuire, Jr.			24,518 31,788 41,984		David M. Schneck Gina McCarthy				43,094 42,986				
☐ Additional	registered	d practitioner(s) r	named o	n supplemental	Registere	d Prac	titioner (Information sh	eet PTO/	SB/020	attached her	eto.	
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Country	USA	<u> </u>		Telephon	e 408	3/297	Pax				8/297-9748		
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Name of So	ole or F	irst Invento	r				A petiti	on has been	filed fo	r this u	ınsigned inv	entor	
Given Name (first and middle (if any))						Family Name or Surname							
Jenn-H	lan						CHEN						
Inventor's Signature			les	n Ham	Cher	<u> </u>					Date	Dec. 4, >	
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City		Taipei	State		ZIF	<u>. </u>			Cou	ntry	Taiwa	n	
Additional Additional	invento	rs are being na	amed o	n the _1_su	plement	al Ade	ditional	Inventor(s)	sheet(s)	PTO/	SB/02A atta	ched hereto	

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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

Name of Addition	nal Joint Inventor, if a	ny:			A petition	on has been fi	led for thi	s unsigne	ed inv	entor		
Given Name (first and middle [if any])					Family Name or Sumame							
Cheng-Yu				Y	ANG		"			-		
Inventor's Signature	cheng Yu ?				9			Date		12/42		
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Post Office Address												
City	Taipei	State			ZIP		Country	Taiw	<i>r</i> an			
Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	on has been fi	led for this	s unsigne	ed inv	entor		
Given Na	me (first and middle [if any	·])			Family Name or Surname							
Inventor's Signature		Date										
Residence: City		State			Country			Citizens	ship			
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Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	on has been fil	led for this	unsigne	d inv	entor		
Given Name (first and middle [if any])					Family Name or Surname							
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